

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT  
FOR THE  
Middle DISTRICT OF North Carolina



UNITED STATES OF AMERICA

Case No. 1:12CR80-1  
(write the number of your criminal case)

v.

Shawn Ira Day  
Write your full name here.

**PROPOSED RELEASE PLAN**

**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

**NOTICE**

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes

☐ No

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**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

**A. Housing and Employment**

Provide the full address where you intend to reside if you are released from prison:

7378 North Main Ext.

Hornell, NY 14843

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

(Parents) Shawn P. Day

Jacqueline A. Day (cell) 607-382-1424 (land) 607-324-0857

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

Shawn P. Day age 58 - Dad

Jacqueline A. Day age 57 - Mom

If you have employment secured, provide the name and address of your employer and describe your job duties:

Jim Testani Tent Rental - Jim Testani (owner) 607-769-4476

I will be in the warehouse cleaning and prepping or setting up tents commercial sized tents for events.

List any additional housing or employment resources available to you:

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**B. Medical needs**

Will you require ongoing medical care if you are released from prison?

☐ Yes

Not sure due to long term effects of COVID-19.

☐ No

Will you have access to health insurance if released?

☐ Yes

☒ No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☒ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☐ Yes

☒ No

If yes, please include them with your motion. If no, where are the records located?

FMC Butner Medical Records Office

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Are you currently prescribed medication in the facility where you are incarcerated?

☐ Yes

☒ No

If yes, list all prescribed medication, dosage, and frequency:

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Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes

☒ No

If yes, list equipment:

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Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☒ No

If yes, please list the required assistance and how it will be provided:

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Do you require assisted living?

☐ Yes

☒ No

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If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

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Are the people you are proposing to reside with aware of your medical needs?

☒ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes

☐ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

Samantha Howe RN - age 31 - sister

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Will you have transportation to and from your medical appointments?

☒ Yes

☐ No

Describe method of transportation:

Both of my parents have vehicles. They are currently looking to purchase a used vehicle for me upon release.

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SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

10-29-20

Date

Signature

Shawn Ira Day

Name

28286-057

Bureau of Prisons Register #

FMC Butner

Bureau of Prisons Facility

Old<sup>NC</sup> Highway 75, Butner NC 27509

Institution's Address

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 01773959

Dept. of Justice / Federal Bureau of Prisons

Team Date: 07-15-2020

Plan is for inmate: DAY, SHAWN IRA 28286-057

Facility: BUH BUTNER FMC  
Name: DAY, SHAWN IRA  
Register No.: 28286-057  
Age: 38  
Date of Birth: 05-12-1982

Proj. Rel. Date: 10-04-2021  
Proj. Rel. Mthd: GCT REL  
DNA Status: BUH02868 / 08-06-2012

**Detainers**

Detaining Agency	Remarks
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NO DETAINER

**Current Work Assignments**

Fac	Assignment	Description	Start
BUH	VACATION	VACATION	07-22-2020

**Current Education Information**

Fac	Assignment	Description	Start
BUH	ESL HAS	ENGLISH PROFICIENT	08-09-2012
BUH	GED HAS	COMPLETED GED OR HS DIPLOMA	08-09-2012

**Education Courses**

SubFac	Action	Description	Start	Stop
BUH CAD	C	CIVIL WAR UNIT BASED	07-06-2020	07-21-2020
BUH CAD	C	PUTTING PAST BEHIND/LOOK AHEAD	06-19-2019	06-19-2019
BUH CAD	C	RELEASE REQUIREMENTS RPP 5	06-19-2019	06-19-2019
BUH CAD	C	RRM INFORMATION RPP 4	06-19-2019	06-19-2019
BUH CAD	C	US PROBATION INFO RPP 5	06-19-2019	06-19-2019
BUH CAD	C	FINANCIAL MANAGMENT RPP 3	06-19-2019	06-19-2019
BUH CAD	C	EMPLOYMENT RPP 2	06-19-2019	06-19-2019
BUH CAD	C	HEALTH PROMO/DIS PREVENT RPP 1	06-19-2019	06-19-2019
BUH CAD	C	(W)BASIC FIRST AIDE-CAI	10-10-2014	01-26-2015
BUH CAD	C	(W)CARDIOPULMONARY	10-10-2014	01-26-2015
BUH CAD	C	HISTORY OF 20TH CENTURY	05-21-2014	05-21-2014
BUH CAD	C	HEALTH FAIR	12-03-2013	12-13-2013
BUH CAD	C	ACE-EMPLOYMENT; TH 630-730 PM	07-02-2013	09-12-2013
BUH CAD	C	HORTICULTURE 3	03-04-2013	07-17-2013
BUH CAD	C	(V)RESUME SKILLS-CAI	07-08-2013	07-23-2013
BUH CAD	C	INTRAMURAL CODE OF CONDUCT	06-23-2013	06-24-2013
BUH CAD	C	ENTREPRENUER WORKSHOP	03-16-2013	03-30-2013
BUH CAD	W	REAL ESTATE	01-08-2013	03-12-2013
BUH CAD	C	ACE-MONEYSMART; W 630-730PM	10-15-2012	12-17-2012
BUH CAD	C	MOCK JOB FAIR-INFORMATIONAL	08-21-2012	09-08-2012

**Discipline History (Last 6 months)**

Hearing Date	Prohibited Acts
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\*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

**Current Care Assignments**

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	08-02-2012
CARE1-MH	CARE1-MENTAL HEALTH	08-07-2012

**Current Medical Duty Status Assignments**

Assignment	Description	Start
NO PAPER	NO PAPER MEDICAL RECORD	08-02-2012
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	08-06-2012
YES F/S	CLEARED FOR FOOD SERVICE	08-06-2012

**Current Drug Assignments**

Assignment	Description	Start
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Sentry Data as of 07-22-2020

Individualized Needs Plan - Program Review (Inmate Copy)

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Dept. of Justice / Federal Bureau of Prisons

Team Date: 07-15-2020

Plan is for inmate: DAY, SHAWN IRA 28286-057

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	08-15-2018
ED COMP	DRUG EDUCATION COMPLETE	09-26-2012

**FRP Details****Most Recent Payment Plan****FRP Assignment:** COMPLT FINANC RESP-COMPLETED Start: 07-31-2013

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$0.00 Obligation Balance: \$0.00

**Financial Obligations**

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$100.00	\$0.00	IMMEDIATE	COMPLETEDZ

**\*\* NO ADJUSTMENTS MADE IN LAST 6 MONTHS \*\*****Payment Details**

Trust Fund Deposits - Past 6 months: \$0.00 Payments commensurate ? Y

New Payment Plan: \*\* No data \*\*

**Progress since last review**

Inmate continues to identify programs of interest, participates when able, and generally makes productive use of his time. Inmate has not completed any programming since last review. He is currently enrolled in Civil War.

He is currently assigned to the Commissary work detail. During the COVID-19 pandemic inmate Day has been a great asset to the institution.

**Next Program Review Goals**

Inmate Day is Eligible for FTC. Complete Civil War and/or Vietnam War by next review.

**Long Term Goals**

Obtain a copy of your Social Security Card and Birth Certificate within 60 days or your release date to increase release identification needs. Begin saving half of funds received towards releasing needs.

**RRC/HC Placement**

Recommended Placement in a range between 151-180 days.

Consideration has been given for Five Factor Review (Second Chance Act):

- Facility Resources : There are available Residential Re-entry Centers in his release area.
- Offense : There are no extenuating circumstances that would preclude him from placement.
- Prisoner : Inmate has been determined to be a suitable candidate for RRC placement.
- Court Statement : The sentencing court did not make any statements regarding RRC placement on the Judgment and Commitment Order.
- Sentencing Commission : There is no pertinent policy statement issued by the U.S. Sentencing Commission.

**Comments**

Finance/Poverty Need Screen Is there documentation in the PSR of any of the following? ☐ Any history of Bankruptcy ☐ No bank account ☒ No assets nor liabilities noted in PSR ☒ Debts noted in Credit Report or other sources ☐ Tax Liabilities/back taxes ☐ Unpaid alimony/child support ☐ other indications of lack of financial management skills (specify) \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ (if any of the above, check yes) If the answer is yes, the inmate has a financial/poverty skills need.





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Register No.: 28286-057  
Age: 38  
Date of Birth: 05-12-1982

DNA Status: BUH02868 / 08-06-2012

Inmate (DAY, SHAWN IRA. Register No.: 28286-057)

Date

Unit Manager / Chairperson

Case Manager

Date

Date